Child and Family Services Update

March 11, 2004

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Child and Family Services Update

March 11, 2004

Director's Message

By Richard Anderson, Director of Child and Family Services

As I Recall The Recent Legislative Session

This message needs to start out with a great THANK YOU to all of you! The legislative session that just ended was more productive and more positive than any I have seen, because of the respect you are gaining. Your work is speaking for itself. In fact, the two best testimonies all session came from front-line staff. There were parents volunteering to testify that their lives had been greatly influenced for the better because of the services you and your teams have provided. We, as your administration, felt great confidence during the session, because we knew that just telling the truth about what we are doing would be most helpful to the process of establishing new laws.

This Utah Legislative Session was a time of learning. We learned how varied perceptions are, and how many misunderstandings exist about our intentions and our work. At the same time, legislators told us that they had learned much about Child and Family Services. We had many opportunities to tell the story of change and progress, how much our aspirations aligned with legislators' aspirations, and that our concerns mirrored their concerns. There was much common ground. The major differences were in the details of how to make improvements. The overall outcome of the session speaks for where we are today. There was more caution about changes and more support for moving forward the positive plans we are implementing. The entire system of care is still very vulnerable to the one case story, or complaint, taken as the entire picture. Even so, I saw more sincere support, growing understanding, and mounting concern for the work of child welfare and domestic violence in this session than I have ever seen before. Dialogues were very civil. Some of you know that we have gone through some rather horrendous debates about our work during past sessions. This year the discussions were more open and communal than any I had experienced in the past--talking meaningfully about what we all want for our communities.

The main drawback was that much more homework and study could have been and should have been done prior to the session. We made requests for more opportunity for all partners to work together to build the best legislation, during the interim from now until the next session. The issues are too sensitive and too critical to move major changes through in a forty-five day whirlwind session. We owe it to the children and the adults of our state to be more rigorous in our study of the issues before we make large-scale changes.

Adam Trupp has produced an overview of the bills for all of you. It was our intent to have this come to you during the session. However, because we were working on the largest number of bills we have ever seen as an agency, we found our time stretched to even work with legislators to inform them on the unintended consequences of some of the recommendations, provide them with data, and work with them to improve the services. Also, the bills were changing so fast that by the time we could have sent something out, it would have been changed, possibly several times over. Because you are receiving the overview, and because I will be visiting the regions to discuss the session and other items that you want to talk about, I will merely give you a list of a few lessons learned during the session.

- The two most powerful testimonies given in the session came from two front-line workers. They represented all of us very effectively. We thank them.
- Legislators want to know about our work. They are more interested than you may think. Just put yourself in their shoes, trying to understand a myriad of programs that are not your daily work or interest. Your willingness to provide information, as opposed to just making a complaint, can be very positive for each of us and to each legislator. This needs to be done all year. (By the way, we now have five legislators who have participated in QCRs.)

- We have a great story to tell of change and improvements. Before we complain about the system to those who don't know much about our work, we need to first be strengths-based and tell of our progress. We have many opportunities to educate.
- We ultimately have the same desired outcomes, especially in not being overly intrusive into family life, and yet providing needed services. In one of the committees, I was asked to come back to the table to answer a question. A representative asked me, in front of a committee, if all that was happening at the session was helping or hurting us in our work. It was most gratifying to see this sensitivity.
- We have seen some legislators who are willing to be courageous in not letting large changes happen that could set us back. One representative filibustered in the waning hours of the session to stop SB 90.
- When we look at support and courage mustered to face the tough decisions, read the list of those in the Senate that voted against and defeated HB 266, the bill with the largest changes. Also, many others voted against the bill in the House, even though it passed there. The sponsor of this bill worked with us on many parts of the bill. The bill was not totally off base; it had some parts that could have helped us. Too bad it was so mixed.
- Legislators were willing to talk with us about their bills. They want to do the right thing. They did not always agree with us, but they did make changes when we could show them an unintended consequence or a misunderstanding that was driving the legislation.
- I struggled all session with the concept of "parents' rights vs. child's rights." I don't believe this concept is a reality. It places people in "either/or" positions and separates parents and children into opposing "camps." What is good for parents must be good for children and what is good for children must be good for parents. We have to approach the reality that both parents' rights and children's rights must be respected jointly, not fractured.
- We have great partnerships that really come together at a time like this one. I would give you a list, but you know them. It was great to feel the strength and support of the entire system of care, from advocates, state staff, providers, and so many others. I was told that we might have had a first in having a bill that was supported by all entities. It was labeled the "warm and fuzzy bill"--HB 268.

Your work is speaking for itself. If we make a mistake, let's own up to it. If we are misunderstood, let's educate. Let's find common ground with our community partners, legislators, and others. This session was a great learning session and one that provided the supports we need to keep moving forward on our current large-scale plans for positive change.

Thank you all for your marvelous efforts. We appreciate you greatly!

A Letter From A Friend…

To whom it may concern:

We as addicts that are strung out and stuck in our disease of drug use can't understand the comprehension of why DCFS gets involved in our lives.

In the beginning, we just think your the enemy. We hate you because we think your just there to take our kids away, we're not thinking clear headed, we think your just here to control us and make us do things we don't want to do.

Then people like myself actually get help, whether it was for my son or myself, whatever excuse it was, I went to detox. I stayed and started thinking more clearly and realizing this is what I needed & had to do, to get my son back into my custody. I had a lot of ups and downs, but I stuck with it. I went to Rehab at the House of Hope. I learned many things about my disease & about myself. I took parenting classes & learned a lot about children.

I graduated my program and I'm now attending aftercare & I still go to meetings. I really hated DCFS, but now I'm grateful that they got involved with me, because I now know they were only looking out for my son's best interest.

I've been using drugs since I was 14 yrs. old. I now have 10 months clean. So far I've regained custody of my son, I've got my own apt. My 12 yr. old daughter lives with me. Both of my kids and I have a good relationship.

Because of DCFS I have a second chance at life. It's worth living for. I get a second chance to be a mom - sober - for that I'm very grateful.

DCFS has helped me out a lot. They helped me get things for my house, and get Christmas for my son. They reunited me with my son. For this I'm very grateful & I appreciate DCFS.

Thank you to my DCFS Social Worker especially. (You know who you are!)

Thank you!
(Name Withheld)

"I am sent letters from time to time from those we serve and from region staff who have received letters and forwarded them. I have decided that we need, from time to time, to share some of these. We really appreciate that families send these letters. Thanks to Mary Steck for drafting so that we provide confidentiality." *Richard Anderson*

Protection

Preserving Our Kinship Resources

By Joe Leiker, Child Welfare Supervisor, Northern Region

For staff who have been around many years with Child and Family Services, the practice of working with kinship families was one built on who trained you as a worker, what the office/division culture toward kinship was, and then usually later how you personally developed your practice in dealing with kinship families. Your experience as a worker in CPS, in-home, or foster care also helped set some of our beliefs toward services to kinship families.

The culture for many years, in my experience, was children were always better served in a family's care. The kinship family should be able to weather any kind of problems on their own because blood is thicker than any other kind of commitment we can get. Lastly, kinship is an in-home service and that the family should be directed toward the Department of Workforce Services for a Specified Relative Grant to take care of all financial and medical needs the children have.

I started with Child and Family Services as a CPS worker and my practice toward kinship, due to high caseloads, current office practice, and what I believed was the office culture, was to find a relative, make sure the home passed minimal standards, and confirm they had a place for the child(ren) to sleep. I then transferred the case to PSS as soon as possible. Over the years I

worked, or supervised, foster care, and in-home cases, I found that in-home workers who had been foster care workers recognized better that relatives need just as much support as foster parents do, that some of the children placed with relatives were really difficult to handle, and they and the relatives need more resources to meet their needs and make the placement work.

As I grew up in our system the realization came that regardless of which service you worked or came from there are many workers in our agency who provide excellent assessments, resource connections, and very high levels of support to kinship families, the birth parents, and the children placed with relatives. You rarely saw kinship disruptions occurring on their caseloads. Even if those workers had very high caseloads.

On the other hand, when workers were new, overworked, or just trying to survive, our system of providing services could be considered complete with just minimal assessments, resource connectivity, and support to relatives, children, and birth parents. Under those conditions we can see the pattern of poorly prepared relatives, quick decisions to move cases on, lack of understanding of children and family needs, and consequently the outcome of kinship disruptions occurring at an alarming rate.

The changes our system of service delivery has gone through since the early 90's have been immense. I believe it has overall been to the benefit of our clients. We can continue the benefits to our clients by:

- Engaging our families to assess if kinship is an option.
- Completing a thorough kinship assessment of the relatives' ability to provide for children over the short and long haul.
- Assisting in connecting the kinship family, birth parents, and children to resources to meet the identified needs.
- Supporting the relative, birth parents, and children by facilitating communication and services amongst all parties to meet the identified needs.

If we do those things we will be embracing what excellent caseworkers over the years have been showing us in regards to serving kinship families. It can be done, so let's join them.

Development

Parenting Oppositional Children And Adolescents

By Vickie Steffey, Child Welfare Worker, Salt Lake Valley Region

I learned the following information at a workshop given by James Keim, MSW, LCSW, on May 21, 1997. I feel it is very informative and wanted to share it with all of you.

Many adoptive parents are struggling with parenting children who have been given the diagnosis of Oppositional Defiant Disorder. It will come as no surprise to adoptive parents to hear me say that many adopted children are very interested in control. They want to be in control and, in fact, control is one of the seven core issues of adoption. Consequently, adoptive parents are dealing with a double whammy: an oppositional child and an adopted oppositional child!

Children available for adoption come to their perspective adoptive families with out of control life experiences. Many times their birth families had a chaotic lifestyle that caused the child to believe that it wasn't safe for anyone else to be in control. Children growing up in an environment where adults are undependable often become the parentified child, not only to their younger siblings but also even to their own parents! This child takes on these adult responsibilities because they want to keep themselves, their siblings, and even their birth parents safe.

We often hear adoptive parents say, "This child will argue when there is no reason to argue and even when he knows the argument will lead to negative consequences." That is because to the oppositional child, the argument is more important than the outcome. The child feels empowered by the argument! He wants control of when the argument occurs, what the argument is about, and the mood or intensity of the argument. We call these children "process oriented" because they are more empowered by the process of the argument and confrontation than by the outcome.

Most adults, on the other hand, are focused on the outcome of the argument; i.e. what will happen or change as a result of the argument. When dealing with the oppositional child, parents frequently feel that they cannot come up with a punishment that works. They do know there is a power struggle going on that they, the parents, are losing. Because parents are focusing on the outcome of the argument, and the child is focusing on the argument, confrontations frequently escalate.

What should parents do? First of all, everything any parent does. Spend time with the child, express love and affection toward the child, make the child feel secure and protected, and clearly define rules and consequences. Then gently begin to take the power away from the child so that it rests with the adults where it belongs.

- Understand that **arguing empowers your child**.
- **Resist your child's attempt to draw you into arguments**. You have the right and responsibility to determine your own mood. Do not let your child determine whether you are having a good day or a bad day.
- **Write down limits, rules and consequences**. There is nothing to argue about. It is all written down. Choose your battles carefully and never let the child choose the battle. Choose consequences that do not require the cooperation of the child. For example, the TV will remain in the closet until the dishes are done. At the same time, schedule positive parent-child interaction regardless of the child's behavior. You are using love to disempower the child.
- **Change the child's negative mood to a positive mood** by being playful with the child and/or using diversion; i.e. "You sound grouchy, did something happen at school today?" Oppositional children are frequently experts at using conflict to avoid talking about issues that need to be discussed; i.e. being left out, feeling as though they don't belong, hurt feelings, etc.
- The final step is necessary when the child has a strong confusion between love and control, and has exhibited a disregard for the rights of others, which may include violence. The **help of a skilled therapist will probably be needed to clear up secrets in the child's past**. Parents may need to be trained in how to restrain an out-of-control child in a safe, benevolent, and non-aggressive fashion. When parents respond to children in a non-reactive, loving, but firm way, not only are they being good models for their child, they will begin to feel like the loving parents they are.

Child And Family Teams Website

By Linda Wininger, State Milestone Coordinator

Jeff Harrop recently stumbled on to a most interesting website, and we thought we should share it with all of you. The website is dedicated to Child and Family Teams and originates in Arizona. In looking through the website I have not found anything that is contrary to what we teach in the Practice Model module on teaming. And what's more, there are some exercises on the website that will help you increase your ability to identify underlying needs and come up with creative interventions (they call it "Creative Thinking"). I enjoyed the website. There is quite a lot of information. A couple of suggestions to look at once you are at the website:

Side bar	"Creative Thinking Corner"
Top tab– Articles	"Needy Thinking: A Key to Successful Facilitation" and "Top Ten signs about whether your CFT is Family Driven"

I hope you will check it out and let me know what you think! The web address is really easy: http://www.childandfamilyteams.com/

The Attachment Theory

By Kristine Palazzolo, Curriculum Developer

On Wednesday, February 4th, I attended the Children's Center Symposium's presentation on Separation and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placement of Children in Foster Care, by David Oppenheim, Ph.D. from the University of Haifa, Israel and Douglas Goldsmith, Ph.D. from The Children's Center in Salt Lake City. They view attachment as one lens with which to view the family, giving us a way to see what the child needs to survive. They identified that separation often involves separation not only from the parent but also from everything familiar, so we should help new environments feel more familiar with little things that can help children adapt by creating some familiarity. We should also expect and plan for strong reactions, which will likely occur when separating children from their parents even when those parents are abusive.

In their presentation, they also identify many misunderstandings regarding Attachment Theory. One of the most memorable misunderstandings dealt with identifying resiliency in children. They state that, "Resilience involves a relationship between child and the environment; it is not a fixed trait *in* the child." Often this is a strength identified that we assume will help them to cope with their separation and loss when, in fact, we do not know how many moves or how much time away will cause detachment disorders and we should not assume the child alone has what is needed to prevent such outcomes simply because they show resilience.

For additional information on their research in the area of attachment, they have an article that will appear in Juvenile and Family Court Journal, Spring 2004, title Separation and Reunification.

Permanency

When I See Christina Smile…

By Shari Gillins, Child Welfare Worker, Southwest Region

I wanted to share with you one of my stories. The names have been changed to protect the clients. It's my most favorite case.

Christina was born with grave heart problems in January 2002. She was referred to Child and Family Services in May 2002 for a CPS investigation of medical neglect/failure to thrive. It was alleged that the parents were not meeting her needs to keep her alive.

In-home services were put in place with medical as well as interpretive team members to meet this families needs. The family was open and willing to have assistance. Parts of the dynamics were to address Christina's needs, educate the parents, and respect the family's culture. Language was a huge barrier for the family and team members.

Roberto and Graciela, Christina's parents, were unprepared as well as uneducated to care for Christina's in-home critical care needs. Oxygen, precise feedings, and six different medications

around the clock were needed to keep Christina alive. Dr. Martin of Primary Children's Hospital and Christina's pediatric cardiologist told me during a visit that he had never treated such an ill child. He commented to me that even if Christina lived in his own home it would not guarantee her survival. He further expressed that the strong, loving bond between Christina and Graciela was most certainly a critical piece to Christina's will to survive. So removal of Christina from her home was not in her best interest.

The difficulty would be to educate Graciela and Roberto on how to meet Christina's medical needs at home. The child and family team's challenge would be to keep Christina in home and educate the parents on how to care for her. Graciela and Roberto were also raising five older children. Roberto had worked in the United States for about 13 years and always provided for his family.

NEITHER ROBERTO NOR GRACIELA HAD EVER RECEIVED ANY FORMAL EDUCATION IN MEXICO OR THE UNITED STATES!

Shane, RN (child and family team member) took it upon himself, with input from the doctor, to color code the medication and coordinate the dispensing on paper for Graciela, as well as mark Christina's special formula and oxygen tanks in different colors for Graciela to be able to care for Christina in home.

Interpreter's helped every time to insure Graciela understood. Shane and other home-health nurses were vigilant. Coordination and communication between all medical professionals and myself was excellent.

During this crisis Roberto lost his job of five years due to not having a current green card. I worked with Roberto and his family to assist him in receiving the green card through immigration and an attorney. It was a fearful struggle that lasted until February 2003. Roberto was constantly worried he would be deported and unable to care for his family. Then their only car broke down, they moved to another city and then back to the original town, and it seemed like they would not be able to survive the many discouragements.

They did because each set back was addressed and solved in the team meetings.

After numerous hospital stays, three heart surgeries, mild set backs, etc., Christina remains home today. She is doing well for her condition. She sees Dr. Martin every three months now. Her prognosis is fair. She continues to need oxygen and medication. But Christina walks and talks, and is very much alive! Her mother remains tireless in her effort to overcome her own limitations in order to care for Christina. Graciela also battles serious diabetes.

Roberto is working steady. They stop by the office to say hello periodically. Seeing Christina smile and her eye's shine with hope was worth all the extra effort.

It took more from the child and family team than usual. As the family worker it took a great deal of transportation to Primary Children's Hospital, picking up food from Care and Share, finding furniture, finding specialized formula, doing twice weekly checks in the home and with home-health personnel to assure the child's needs were being met, and reassuring and educating the parents as well as empowering them to care for their gravely ill daughter.

Services were closed June 2003. Home-health continues to see Christina and coordinate with the medical professionals involved.

Had Child and Family Services not stepped up for Christina's well-being and created a working child and family team, Christina's outcome may have been very different, possibly fatal. Her parents continue to thank us for our dedication to their family.

Our challenge at Child and Family Services is to "customize" services to benefit each child, or a family's specific needs. Doing the minimum won't necessarily work. Band-aiding won't either. Many workers complain they are stressed, underpaid, and overworked. I agree at times. But for me this becomes significantly unimportant, when I see Christina smile.

Cultural Responsiveness

Ethnic Identity For Out-of-Home Youth

By Linda Wininger, State Milestone Coordinator

The following is an excerpt from an article found on National Resource Center for Foster Care and Permanency Planning. It is taken from the executive summary of a Casey Family Programs report. You can view the entire report or the executive summary at this web address: http://www.hunter.cuny.edu/socwork/nrcfcpp/policy-issues/ethnic-identity.html

> During the process of identity development, youths will typically experiment with multiple roles – good student, daughter of an immigrant, best friend, devout Christian, civil rights activist, smoker, crusading lawyer, shoplifter, ball player. Some of these identities will be kept, nurtured, and committed to over a lifetime. Others will be briefly worn and discarded. The key, according to theorists of identity development, is to integrate these multiple identities into a coherent sense of self, or personal continuity over time (Harter 1990).
>
> The danger in failing to develop a coherent sense of self is the inability to commit – whether to a career path, political or spiritual ideology, personal philosophy, or another person or persons. Without commitment, youths are at risk for a host of problems throughout life, as exemplified by the high rates of depression, delinquency, alcohol and drug use, and suicide among adolescents. It is difficult enough for a White teen to figure out who he is while growing up in Ames, Iowa, with his biological parents. A biracial White/African American girl who has lived in six different homes, with families of different ethnicities, in five different cities faces even greater barriers to knowing herself.
>
> Our focus here is on youth of color, with the understanding that this struggle is deepened by its multiple dimensions – religious affiliation, occupation, social class, gender, sexual orientation, ethnicity. The integration of multiple identities can be smooth for some but difficult for others.
>
> ETHNIC SOCIALIZATION
>
> Ethnic socialization refers to the transmission of culture, which includes rules of conduct, traditions, and practices. How children incorporate the culture transmitted to them will influence their social identities and self-concept. The messages children receive may be proactive – encouraging them to succeed based on individual abilities and traditional cultural strengths – or protective, preparing them to face and deal with hostility and racism in the mainstream culture. Teaching the traditions, customs, and celebrations of a particular culture would be a good example of proactive messages. A protective message might be providing a child with strategies for dealing with racial slurs. In the best of circumstances, proactive and protective messages result in an adaptive socializing experience for children and youth of color.

GETTING ALONG IN THE MAINSTREAM

Teaching children of color the values of their culture of origin alone can lead to isolation from the mainstream; whereas focusing solely on assimilation can thwart the development of a healthy identity and result in lack of pride. We believe it is essential to help children develop a sense of self based on their group membership(s) and an ability to function in the mainstream.

STAGES OF ETHNIC IDENTITY DEVELOPMENT

Identity development is the primary developmental task of adolescence, and ethnic identity development is a key task for youth of color. As with identity development in general, the foundations for ethnic identity are laid in childhood. Four main stages of ethnic identity development:

1) RELATIVE UNAWARENESS (AGES 2-16). Even young children recognize racial/ethnic differences and know what race they belong to, but it is typically not yet an important aspect of life for them. However, they do receive explicit and subtle messages from others about the value and meaning of these differences (Pinderhughes 2000). The task for adults with children at this stage is to expose them to positive racial/ethnic group images and to give them opportunities to interact with other children of the same racial or ethnic group.

2) EMERGING AWARENESS (AGES 5-21). Although some remain relatively unaware of race and ethnicity into adulthood, by mid-childhood or early adolescence most children and youth come to understand the social significance of race and ethnicity through the experience of events that personalize it for them. Not everyone experiences emerging awareness in the same way. One youth may see an event as a reinforcement of ethnic pride, while another may feel stigmatized. The task for adults at this stage is to allow youth to process these experiences, and to confront racism and discrimination as directly as possible.

3) EXPLORATION (AGES 9-25). With more experience, youth typically move into a deep, sometimes ethnocentric exploration of the significance of race/ethnicity in their lives, both personally and socially. It is important for them at this stage to focus on learning about all aspects of their ethnic group membership, and to develop a sense of self based on that membership. The task for adults with youth at this stage is to support them through their exploration and help them to learn how to function in the mainstream.

4) COMMITMENT (AGES 14-25). Ideally, youths eventually develop a positive commitment to membership in their own ethnic/racial group, and come to accept both positive and negative aspects of their own group and others. The task for adults at this stage is to continue their support and guidance, particularly through "teachable moments," and to help youths or young adults make decisions about occupation, partners, and child rearing that may be highly influenced by their race or ethnicity. Although commitment is viewed as the culmination of the identity development process, reaching this stage does not necessarily result in the end of ethnic development. Moreover, these stages do not necessarily occur in a linear fashion. Some youth may skip a stage and others may remain stuck in early stages into adulthood. In a society of multiple cultures, there is a high likelihood that a person of color may even revisit prior stages.

A HEALTHY SENSE OF IDENTITY *an evolving process*

Tina, a four-year-old African American girl adopted by a White family, is taking a bath, scrubbing her skin furiously. Her mother asks Tina why she is scrubbing so hard, and Tina answers that she wants to take the color off her skin to "be more like you, Mommy."

For children in out-of-home placement, the stress of multiple separations from parental figures makes the development of ethnic identity especially difficult. These children are in special need of the support of caregivers and other adults in this process. Many of the foster parents and Casey social workers we interviewed noted that ethnic identity development does not start in adolescence.

A healthy identity develops over time, is based on early childhood and school-age experiences, comes to the fore during adolescence, and continues into adulthood. Experiences like Tina's are opportunities for parents to use teachable moments to deliver proactive messages, like "Your skin color is different from Mommy's but it is beautiful and you should never want to change it."

But ethnic identity is more than just ethnic pride. We developed the following criteria to describe a youth with a healthy sense of ethnic identity, which includes:

- Identifying as a member of a particular ethnic group or groups
- Generally positive attitudes about being a member of that group, as well as a deep understanding of what it means
- Affiliation with members of his/her own group, and generally accepting people from other groups
- Ability to cope successfully with racism and discrimination, and possibly showing some effective strategies for dealing with it

Social workers we interviewed often described youth who displayed a healthy ethnic identity as having certain personal qualities:

- Confidence
- Friendliness
- Ability to use others as resources
- Ability and confidence to express the uniqueness of one's ethnic group to people outside the group

RED FLAGS *when to worry*

Casey staff and consultants also identified a series of "red flags" or signals that would cause them to be concerned about a child's ethnic identity. These are listed below in two categories: red flags in the youth's environment and those that are manifest in the youth's own behavior.

Environmental:

- Families do not provide cultural or cross-cultural experiences
- Absence of conversation about race/identity
- No response to teachable moments
- Absence of like peer group when there is an option
- No birth family contacts prior to adolescence when there is an option
- Foster family unwilling to embrace cultural experiences of the child as their own
- Condoning or tolerating racially or ethnically biased remarks, jokes, or slurs

- Endorsing a color-blind perspective or minimizing issues of race or ethnicity
- Reluctance to socialize with members of the child's ethnic group

Behavioral:

- Violent behaviors as a result of racial incidents
- Discomfort with affirmations, praise, or affection about race or ethnicity
- Making fun of one's own racial or ethnic group
- Making fun of others' racial or ethnic groups
- Inability to attach to foster parents following placement
- No questions about heritage
- Self-deprecating remarks

When we asked Casey social workers what they did to help youths and families in their caseloads develop a healthy identity and avoid red flags, again and again they identified the importance of birth family work and developmental issues and timing.

To learn more about what works check out the remainder of the report beginning on page 31 at: http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy-issues/connections_synopsis.pdf

Partnership

Child Welfare Institute – Mark Your Calendars!

By The State Training Team

The State Training Team is pleased to announce the Child Welfare Institute (CWI)! This year the CWI will be held May 17-19 at the David Eccles Conference Center in Ogden, Utah.

The theme for this year's event is one of our most valuable Practice Model Principles, **PARTNERSHIP,** as we join with the annual ICWA Conference and Spring Mental Health Conference to present three exciting days of training, cultural activities, and networking opportunities.

ICWA will lead the opening of the conference on Monday, May 17th. The agenda will begin with presentations by the Ute, Navajo, Goshute, Shoshone, and Paiute Nations. Traditional Native American entertainment is planned during lunch. Later that day, CWI will intermingle workshops with additional ICWA presentations addressing Domestic Violence, Protection, Prevention, Partnering, Drug Identification, Independent Living, In-Home, and Out-of-Home Care.

Tuesday, May 18th, Richard Anderson will be hosting the Director's Morning culminating with the annual awards presentation. The afternoon will include workshops relating to Child Welfare work and community partnering.

The final day of the conference, Wednesday, May 19th, will be joined with the Division of Mental Health. That day of workshops will center around the Spring Mental Health Conference Theme: *Achieving the Promise in Utah - Executive Summary from the President's New Freedom Commission on Mental Health.* The tracks for that day have been structured to compliment the six goals of the summary. They are:

- Americans Understand that Mental Health Is Essential to Overall Health.
- Mental Health Care is Consumer and Family Driven.
- Disparities in Mental Health Services Are Eliminated.

- Early Mental Health Screening, Assessment, and Referral to Service Are Common Practice.
- Excellent Mental Health Care Is Delivered and Research Is Accelerated.
- Technology Is Used to Access Mental Health Care and Information.

Additional conference details will be provided as they become available and will be included in future updates. Please ***Save the dates*** and plan on joining us in May. We look forward to seeing you there.

Organizational Competence

To Make Your Life Easier…How Should We Report In SAFE That We Couldn't Complete An Action Item?

By Robert Lewis, Functional Program Director, and Kathy Tollett, Information Analyst

SAFE Action Items were designed to assist workers and Child and Family Services to successfully manage important time-related case requirements. Various reviews are showing that the SAFE Action Item feature is helping significantly to improve Child and Family Services compliance with requirements of state and federal laws, rules, guidelines, and good practice by making it easier for workers to manage these requirements.

Sometimes things happen legitimately that make it impossible to complete a specific Action Item. For example, a worker gets sick and cannot make a home visit within the month that a visit is due. SAFE has a way to deal with this problem. But, we are concerned that some SAFE users don't understand the correct way to make an entry indicating that such an Action Item cannot be completed. To remove these Action Items from their overdue lists, some SAFE users are making entries that make it look as if the Action Item has been completed, thus creating inaccuracies and violating the integrity of the case record.

This is NOT the time to make the usual Activity Log entry adding a Policies statement that indicates that the Action Item has been successfully completed, and then explain in the narrative, "I know we said this action was completed, but we really didn't mean it."

Policies entries in Activity were meant to simplify your work, and reduce recording. But making a Policies entry will be interpreted, for reporting purposes, as meaning that the visit was actually made or the review was actually held. If auditors find discrepancies between the Policies statement and the narrative, we may be required to do additional recording routinely because they can no longer trust our Policies entries.

Getting a Documented Exception is the right way to remove these uncompletable Action Items.

When an Action Item cannot be completed, you should discuss with your supervisor the reason for the non-completion and whether a Documented Exception should be entered in SAFE. Supervisors can enter Documented Exceptions on overdue items in the Action Item window. If instructions are needed on how to make this entry, call the SAFE Help Desk at 801/538-4141.

ACTIVITY LOG POLICIES ENTRIES ARE ONLY FOR ACTIONS THAT WERE ACTUALLY PERFORMED.

Help Protect Our Caseworkers!

By Tamara Bates, Assistant Caseworker/Provider Payroll/Medical Bills

It is important to address the issue of reminding foster parents to bring foster children's medical cards to ALL doctor visits, and when admitting to always list Child and Family Services as the guarantor, and not the caseworker.

Too many times, we receive bills in the caseworker's name - and if there is a delay in Medicaid/insurance paying the bill, the caseworker is the one who gets taken to collections. And with the new privacy laws, it's almost impossible to remove the worker's name and replace it with Child and Family Services after the fact.

It doesn't seem to be enough for just the Resource Consultants to remind foster parents about these items. It may also be helpful if caseworkers consistently remind their foster parents of this necessity too. Maybe hearing it from both of these sources will help them to remember more often. I'm sure our caseworkers agree that ruined credit is the LAST thing they need on their plates.

Professional Competence

Outstanding Supervisor From Northern Region

By Reba Nissen, Mentor Program Coordinator

Chances are if **Mark Robertson**, supervisor in the Northern Region, has ever supervised you, you may just find yourself supervising others now or someday soon. That's because Mark learned from his past supervisors that staff development is important, not just to develop people to be good at the job they are currently doing, but to help them acquire skills to advance and achieve career goals beyond today. Mark Robertson has his eye on the long-term view.

Mark became a supervisor eight years ago and since then has been through some transitions that have contributed to his own long-term view. Although Mark worked as a CPS caseworker in Ogden prior to becoming a supervisor, he was asked to supervise a team of Intake and PSS workers in Davis County. When asked to think back to that time and what he most needed to learn, Mark replies that he first needed to understand what everyone's roles were and what the organization's expectations were so that he could supervise and support based on those expectations. Mark's next transition was to supervise a foster care team back in Ogden. Again, Mark needed to learn about roles and expectations of foster care workers. His most recent transition in supervision, some four years ago, was a move to the Brigham City office as the one and only treatment supervisor. In this latest move, he's been able to learn the unique challenges and benefits of working in a rural community and supervising all program areas. An outcome of all of these transitions is that Mark has a good understanding of the strengths and needs in each of the offices and communities in which he's worked, which makes him an asset in the region.

Mark says what helped him through these transitions is his supervision style. He says first and foremost he supports his staff in what they do, and he is there to help workers solve problems and negotiate the system. Mark doesn't believe in telling workers what to do (unless there are performance issues that cannot be resolved through negotiation). Mark relies on his workers to help him learn what their supervision needs are and how he can best support them.

Mark's top ten list of good supervisor attributes

10. Interact with your team and others; do not stay put in your office. "Hang out" with people, check in with them often. Earn respect and treat others with empathy and respect. Everyone needs to feel nurtured, understood, and heard. Understand what is

important to everyone on your team and what their needs are, not always just at work. Be a cheerleader. Pick workers up and tell them they're okay, that you believe in them.

9. Build teams by encouraging people to ride around together and take lunches or breaks together. (Mark's foster care team in Ogden had breakfast and a staff meeting every Friday morning at the JB's breakfast buffet. "The cost was 20 pounds but we had a great team," Mark adds.)
8. Be a good mediator. Learn patience when listening to contrasting opinions. Listen to everyone's needs and be careful not to take sides. (This is challenging when you're mediating between a caseworker and others because the worker may feel you're not on their side.) Look for what people in conflict have in common and work from there.
7. Be a role model for others and don't be afraid to jump in and get in the mix.
6. Allow workers time and space to practice their skills.
5. Always provide feedback, especially positive feedback. Tell workers when they're doing good work. (Mark and his team recently celebrated the latest region Case Process Review results. They received the highest scores in the region for in-home and out-of-home cases and the third highest scores for CPS.)
4. Be okay with not having all the answers, rely on your resources: administration, other supervisors, community partners, and your team.
3. Be a good liaison between front-line staff and administration. Make sure you fully understand what administration is asking/expecting of front-line staff and what the benefits are before you share these expectations with staff. In turn, help administration understand what realistically can be done and what is possible from your point of view as a front-line supervisor.
2. Be innovative. Jeff Harrop, Northern Region Milestone Coordinator credits Mark and his CPS workers Sandy Ferland, Jennifer Larson, and TerriAnn Valdez with their innovation of having Child and Family Team meetings very early on in certain types of CPS cases where the children were removed. These are cases where the family is amenable to having a family team meeting despite the fact that feelings towards the agency may still be running a bit high. These meetings occur usually within a day of the removal. Although there is little or no "planning of services" with the family at this initial meeting they do establish the expectation that future meetings will be occurring for planning purposes. The family has the opportunity to invite members of their family or others who are interested in being considered for kinship placement or who provide general support to the family. Through this process, workers are more prepared for discussion of kinship options prior to court and may have met the extended family and interviewed them during a Child and Family Team meeting. Background checks and home studies are initiated earlier in the process. The family may ask the questions that did not occur to them during the chaos of the removal. Safety planning is discussed in domestic violence cases. An explanation of Child and Family Services procedures coupled with a description of what the family can expect during the shelter hearing process. When possible, a visit with the children is usually scheduled to coincide with this meeting. This reduces the number of trips the family will have to make to the office. It also reinforces to the family the agency's sincere desire that the children are to maintain contact and attachment to the family. These meetings usually occur immediately prior to the 24-hour multi-disciplinary meeting. The family is asked if they would be willing to be invited into a portion of the 24-hour multi-disciplinary staffing to ask and answer questions of clarification pertaining to the removal.
1. Ask workers what their long-term view is. Help them set goals and give them opportunities to succeed. Share what you're learning. Encourage others to continue to learn and grow. Mark recommends the book *Out Of The Shadows* to understand sexual addiction and how similar a sexual addiction is to alcohol and drug addiction. Mark also recommends the movie "What's Love Got to Do With It," the Ike and Tina Turner

story. He says it's the best movie he's seen to help understand the cycle of violence in domestic violence and how victims can move on and be successful. (This film is rated R, so watch with caution.)

Mark's latest personal growth goal is to get his Master's of Social Work (MSW) degree from the University of Utah. He's currently done with coursework and is doing his second practicum at ISAT. When asked how Mark has been able to balance his full-time work with Child and Family Services and his school and practicum responsibilities, he relates his appreciation for Dean Janes, his supervisor and a CSM, as well as Carol Baumann, Associate Region Director and Katy Larson, Region Director. All have been supportive of him and have allowed him to be flexible with his schedule. Mark also credits the case managers and support staff at the Brigham City office. He feels fortunate that they are very self-directed and supportive of each other when he can't be there. The phrase often used to describe the office is "Brigham City Rocks."

Mark is excited about many of the things he's learning in his MSW program and sees the connections between his school and practicum experience and his work with Child and Family Services. Mark says that since MSW information is all in the public domain, he shares many of the handouts and treatment concepts with his team. Mark also takes a CPS case from time to time in an effort to stay grounded in the work and to try out what he's learning to see how it works. An example of this, after learning about solution-focused work, is when Mark went out to talk with a family on a CPS referral and asked the miracle question. The result? Mark says the family's response was textbook perfect. Mark says his MSW education is also making him a better liaison between Child and Family Services and Mental Health. He now has a working knowledge of mental health diagnoses and treatment modalities. Mark's first practicum was with McKay Dee Hospital and although the work there did not apply much to child welfare work, Mark has formed relationships with hospital staff that have helped him to educate them about child abuse and neglect and CPS work, creating a stronger partnership. For his second practicum Mark wanted to focus on substance abuse**,** domestic violence, or sexual abuse treatment, since families we work with struggle with these challenges. In his role at ISAT, he's learning about the treatment needs of sex offenders and domestic violence offending partners. He credits ISAT for tailoring their treatment to the individual needs of each client, just as Child and Family Services is working to tailor child and family plans to the unique needs of each family.

Mark's focus on his professional growth as well as organizational improvement doesn't stop there. Although a research project is not required in the MSW program, he has started work on a pilot project in Box Elder County, subject to IRB approval. Mark has garnered the support of his region administration and Richard Anderson on this project as it is seen as an enhancement to the Practice Model. This research project will involve the family team and birth parents in the selection of the foster family for the children, following the initial shelter placement.

The project will be initiated by contacting foster parents in the Northern Region to discuss the goals and desired outcomes of the pilot project. Participation in the project is totally voluntary. Once the foster parents agree to work with this program, permission will be obtained from foster parents to share basic information (i.e. foster family composition, pets, home in urban/rural setting, hobbies, recreation, religious preference, if applicable, etc.) with the family team. No identifying information such as addresses or places of employment will be included. Cases will be carefully screened by the resource family consultants and project coordinators. The birth parents and family team will convene and rank the top three families upon a review of the demographic profiles. Once a family is selected, the case manager or resource family consultant will contact the foster family to request placement. If the foster family accepts the

placement, a Child and Family Team meeting will be arranged. The caseworker, current Child and Family Team members, parents, and the chosen foster family will all attend. This meeting will provide the birth parents an opportunity to share information about their children. The foster parents will have an opportunity to learn more about the birth parents, visitation plans, and the parents' hopes for the future. Best of all, the children will have the opportunity to experience all of the adults coming together for their benefit. The birth parents will then introduce their children to the foster parents and tell them they have decided the children will live with this foster family and that both families will be working together as a team.

Mark expects that full implementation of this project will result in better outcomes for children and families and will improve relationships within the community. Further benefits would be a reduction of court, therapy, case management time, reduced time in out-of-home care through quicker permanency, reduced recidivism rates, and enhanced relationships between parents and foster parents.

Mark says what motivates him to keep coming to work at Child and Family Services each day is his relationship with staff. He looks forward to spending time with them. He says that the heart of a social worker never ceases to amaze him. "Social workers are given a job they can't possibly do in 40 hours…I watch them come back every day and do their very best." Mark also feels fantastic support from his own supervisor, Dean Janes, and region administration.

Training News

By Midge Delavan, Training Coordinator

New Employee Training development continues. The child abuse and neglect slides that you may remember from CORE 101 have been enhanced with more pictures and information. This new module will be available in February on DVD for all regions.

Also in the New Employee Training Levels, a major project is being initiated to consolidate all documentation requirements. This information will be synthesized for an accessible search of topics and as a job aid. When completed, it will be available for new employees in training, on the website, and through SAFE Help and Tips.

All employees will be able to explore improvements to the Practice Model Interventions training via a one-day training on Creative Interventions later this spring. Administrators in all areas of the division received this training last summer. They responded with excitement and innovative thinking about how to better serve Child and Family Teams.

The Domestic Violence Coordinators have been supporting and are working hard to review the first advanced Practice Model training. The curriculum includes a module for each area of Engaging, Assessing, Teaming, Planning, and Intervening for families with domestic violence issues. Videos support each module to model skills in talking with non-offending partners, children, and abusive partners. Look for famous and/or familiar actors.

The Board of Child and Family Services is receiving Practice Model training. Board members were able to use the Practice Model Principles – Protection, Permanence, Development, Cultural Responsiveness, Partnership, Organizational Competence, and Professional Competence – to express their motivations for involvement with child welfare. Their discussion portrayed closely held values and a high level of commitment.